Paris P Limited

Clinic Nine

Inspection report

212 Church Road
Hove
East Sussex
BN3 2DJ
Tel: 01273 726560
Website: www.clinicnine.com

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Overall summary

We carried out an unannounced focused inspection on 31 March 2016 to follow up on previous inspections carried out on 11 November and 26 November 2015 to ask the practice the following key questions; Are services safe, effective, responsive and well-led?

Our findings were:

Are services safe?
We found that this practice was not providing safe care in accordance with the relevant regulations

Are services effective?
We found that this practice was providing effective care in accordance with the relevant regulations

Are services responsive?
We found that this practice was not providing responsive care in accordance with the relevant regulations

Are services well-led?
We found that this practice was not providing well-led care in accordance with the relevant regulations

Background

CQC inspected the practice on 11 November and 26 November 2015 and asked the provider to make improvements regarding Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect, Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment, Regulation 15 HSCA (RA) Regulations 2014 Premises and Equipment and Regulation 17 HSCA (RA) Regulations 2014 Good governance. We checked these breaches as part of the focused inspection on 31 March 2016.

Clinic Nine provides private dental treatment, facial aesthetics and orthopaedic foot surgery from their clinic in Hove, near Brighton. The majority of the dental treatment provided is implants with some general dentistry. The practice mostly provides treatment for adults but has a very small number of patients that are children.

Practice staffing consisted of the principal dentist who is also the owner and registered manager, an associate dentist, an orthopaedic surgeon, one dental nurse, a clinic co-ordinator and a practice manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice opening hours are 9.00am to 6.00pm Monday to Friday.

Our key findings were:

Summary of findings

- The practice had systems and processes in place to record, investigate, respond to and learn from significant events. However, staff had limited knowledge of what constituted a significant event.
- The practice held regular staff meetings and formal staff appraisals.
- The practice had carried out audits in key areas, such as infection control, record keeping and the quality of X-rays.
- There were systems in place to check all equipment had been serviced and maintained regularly, including the steriliser and the X-ray equipment.
- The provider used an unregistered laboratory for crowns, bridges, implants and dentures.
- Dental care records were consistent and contained accurate information of the treatments provided to patients.
- Staff did not follow the appropriate decontamination process of instruments according to national guidelines.
- Staff recruitment files did not contain all of the necessary employment checks for staff.
- There was no process in place to assess the risks in relation to the Control of Substances Hazardous to Health (COSHH) 2002 regulations.
- Staff had received further training appropriate to their roles and were supported in their continued professional development (CPD).

We identified regulations that were not being met and the provider must**:**

- Ensure that staff demonstrate an appropriate understanding of their responsibilities in relation to RIDDOR and the reporting, recording and learning from significant events.
- Ensure the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum

01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure procedures are in place to assess the risks in relation to the Control of Substances Hazardous to Health (COSHH) 2002 regulations.
- Ensure the laboratory used for the commission of dental appliances is formally registered with the Medicines and Healthcare products Regulatory Agency (MHRA).

You can see full details of the regulations not being met at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement section at the end of this report).

The practice provided evidence of shared learning in the format of practice meeting minutes with regards to significant events and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). However, one member of staff could not fully explain what RIDDOR was, their responsibilities in relation to reporting to RIDDOR or the difference between reporting to RIDDOR and the recording of a significant event.

The provider used an unregistered laboratory for the commission of crowns, bridges, implants and dentures, which meant that dental appliances made and used on the premises were not regulated and monitored.

We were not assured that the practice was meeting the HTM01-05 essential requirements for decontamination of instruments in dental practices. The dental nurse did not follow the correct process of instrument decontamination in line with the requirements.

Staff recruitment files did not contain all of the necessary employment checks for staff. Two members of staff did not have appropriate Disclosure and Barring Service (DBS) certification and two members of staff who worked in theatre had not received Hepatitis B vaccinations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dental care records we looked at were clear and contained appropriate information about patients' dental treatment. Staff were working within the scope of their practice.

We saw evidence that staff had received professional development appropriate to their role and learning needs.

Are services caring?

We did not assess this domain at this inspection.

Are services responsive to people's needs?

We found that this practice was not providing responsive care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement section at the end of this report).

The practice provided dentistry, facial aesthetics and orthopaedic foot surgery. However, the front window and the practice website indicated that other procedures were available, such as cosmetic surgery and women's health.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement section at the end of this report).

Summary of findings

The provider had not addressed their responsibility to have effective arrangements to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). There was no COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified.

The practice had carried out an audit in relation to infection control as required under HTM 01-05 guidelines. However, observations of staff performing decontamination duties incorrectly evidenced that these processes had not been scrutinised effectively and adjusted where necessary.

Clinic Nine

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The focused inspection was carried out on 31 March 2016 by a lead CQC inspector and a dental specialist advisor. The inspection was unannounced due to concerns raised at the previous inspections on 11 November and 26 November 2015. We received an action plan from the provider and evidence of actions taken to address the breaches of regulation found at the last inspections.

During the inspection we spoke with the registered manager, the practice manager, the clinic co-ordinator, the dental nurse and the associate dentist. We did not speak with any patients on this occasion. We looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records, staff recruitment files, audits, X-ray documents, staff training, risk assessments and adherence to HTM01-05 guidance.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

At the last inspection, systems and processes to identify and improve patient safety were not robust. Staff spoken with did not know how to raise a concern or what constituted a significant event. Staff could not demonstrate an understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff had not attended regular staff meetings which involved shared learning.

During this inspection, we saw evidence of recent shared learning in the format of practice meeting minutes with regards to significant events and RIDDOR. RIDDOR guidance was available for staff and seen in the practice folder. However, one member of staff did not know what constituted a significant event. The member of staff could not fully explain what RIDDOR was, their responsibilities in relation to reporting to RIDDOR or the difference between reporting to RIDDOR and the recording of a significant event. The registered manager told us that staff had received the appropriate training and should have had a good understanding.

Reliable safety systems and processes (including safeguarding)

At the last inspection, staff spoken to were unaware of the process of whistleblowing. During this inspection we saw that the practice had a whistleblowing policy in place. However, one member of staff we spoke with did not have an understanding of what constituted whistleblowing and was unsure of how to raise a concern if needed.

At the last inspection, the practice had not carried out risk assessments with the purpose of keeping patients and staff safe in the practice. There was no practice wide risk assessment, to cover fire safety, safe use of pressure vessels (the sterilising machine and compressor), the safe use of X-ray equipment, clinical waste, the safe use of sharps and sedation.

During this inspection, we found that a practice wide risk assessment had been carried out on 15 February 2016. We were told this was repeated every six months. The general risk assessment included safe use of sharps, safe use of X-ray equipment, safe use pressure vessels, fire safety and clinical waste. A specific sedation risk assessment had been carried out in January 2016.

Staff recruitment

At the previous inspection it was found that most recruitment files contained the required checks carried out when appointing staff. One member of staff had an outdated Disclosure and Barring Service check (DBS) which was four years old and another had been photocopied and only a partial reference number with a date which was not visible.

During this inspection we found that the provider had not obtained the appropriate DBS certification for the same members of staff that were highlighted during the previous inspection. This was brought to the attention of the registered manager who actioned this immediately. We were shown evidence that both members of staff had applied for a new DBS certificate.

Monitoring health & safety and responding to risks

At the last inspection it was found that the practice did not have effective arrangements to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is a law that requires employers to control potential hazardous substances they use to minimise risks and keep people safe. There was no COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified.

During this inspection we found that there was no COSHH file in place. The registered manager was not aware of what constituted a COSHH file, but told us that one would be put together immediately.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During the previous inspection, we were not assured that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. The practice used single use dental instruments which were being re-used on other patients. Staff did not use an enzymatic detergent to

facilitate the manual scrubbing process. Instruments were scrubbed in plain water and were not immersed. There was no illuminated magnifying tool to check that instruments were free of debris.

During this inspection, we did not find any evidence that the practice re-used single use instruments on other patients. The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and sterilising dirty instruments along with the storing of sterilised instruments. They wore appropriate personal and protective equipment (PPE) during the decontamination process. An enzymatic detergent was used to facilitate the scrubbing process. However, the dental nurse did not know what the temperature of the water in the sink should have been. We observed that instruments were manually scrubbed at chest level and were not immersed in the water. We observed that there was an illuminated magnifier available to check for any debris or damage throughout the cleaning stages. However, this was unplugged and the dental nurse told us that she did not need to use it. This was brought to the attention of the registered manager, who told us that the dental nurse had received infection control training since the last inspection. We were sent evidence following the inspection that the dental nurse had completed an online decontamination course.

At the last inspection, it was found that the decontamination room did not have a designated hand wash basin separate from those used for cleaning instruments. During this inspection, the handwashing protocol after placing decontaminated instruments in the autoclave were discussed with the dental nurse. We were told that the dirty areas, including the sink, were wiped with surface wipes before using the sink for handwashing.

At the previous inspection it was found that the practice had not carried out audits of infection control in line with guidance from the Department of Health code of practice for infection prevention and control. During this inspection we saw evidence that the practice had carried out an Infection Prevention Society (IPS) self-assessment decontamination audit in February 2016 to assess compliance with HTM01-05. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

At the last inspection the practice had a record of staff immunisation status in respect of Hepatitis B (a serious illness that is transmitted by bodily fluids including blood). Staff did not have clear instructions about what to do if they injured themselves with a needle or other sharp dental instrument and did not have contact details for the local occupational health department. Staff covering duties in theatre were not Hepatitis B vaccinated.

At this inspection, we found that the practice had an inoculation injury protocol which was shown to us by staff. This contact included details of the local occupational health department. We found that two members of staff who circulated in theatre had not been Hepatitis B vaccinated. Staff were not aware that they were to be vaccinated. We were sent evidence following the inspection that both members of staff had booked an appointment for the vaccination.

We found that mops that were used for cleaning the premises had been stored head down in the buckets and were not hung up on the wall. There were two mops in the bucket which was designated for the cleaning of the toilet. Mops were therefore not being stored suitably according to infection control guidelines. The registered manager told us that this would be actioned immediately. We were sent evidence following the inspection that the mops had been hung up on the wall.

Equipment and medicines

At the last inspection, it was found that the provider was using an unregistered dental laboratory for the commission of crowns, bridges, implants, veneers and dentures. This was located on the upper floors of the premises. During this inspection, we found that the dental laboratory remained unregistered with the Medicines and Healthcare products Regulatory Agency (MHRA). Therefore, dental appliance which were made and used on the premises was not regulated and monitored. This was brought to the immediate attention of the registered manager who told us it was the responsibility of the dental technician to register the laboratory. We were sent evidence following the inspection that the dental technician had started the registration process, but this had not been completed.

At the previous inspection, it was found that the practice did not manage all medicines in line with national guidance. Three different types of medicine had been removed from its original packaging and arranged in small plastic bags for dispensing. The original packaging had been disposed of. During this inspection, we saw no

evidence that this system was still in use. Upon checking the medicine cupboard in theatre, there were no medicines in plastic bags and the three different types of medicines which were highlighted at the last inspection had been crossed off of the dispensary list.

Radiography (X-rays)

During the last inspection it was found that the practice was not working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice had not maintained suitable records within their radiation protection file to demonstrate the maintenance of the X-ray equipment and there was no documentation with regard to a Health and Safety Executive (HSE) notification. There was no quality assurance process of the quality and accuracy of X-rays which had been taken. The practice were partly using a process to monitor their own performance in relation to X-rays.

During this inspection, we found that the practice held a full radiation protection file which demonstrated the maintenance of the X-ray equipment along with a HSE notification. We were shown a completed radiography audit with a small sample size. These had been graded, however there was no evaluation and improvements needed were not identified. We were sent evidence following the inspection that a full radiography audit had taken place on 1 April 2016. We noted that the sample size was bigger and X-rays had been graded, however an analysis of the results had not taken place and any improvements needed had not been identified.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

At the previous inspection, we were not assured that treatments were planned and delivered in line with patients' individual treatment plans. Seven dental care records had no notes recorded for nine patient visits where treatment had been carried out. Not all of the dental care records showed that an assessment of the gums had been undertaken using the Basic periodontal Examination (BPE) screening tool. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to the health of patient's gums. Records were inconsistent and did not routinely include details of discussions, options chosen, oral cancer checks, smoking status and dietary advice.

During this inspection, we found that patient's dental care records were clear and contained appropriate information about patients' dental treatment. The practice kept electronic records of the dental care given to patients. We asked one of the dentists to show us how they recorded information in patients' dental care records about their oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. This included the recording of the patient's BPE score where relevant. These were repeated at each examination in order to monitor any changes in the patient's oral health. We also saw evidence in dental care records of the discussion of treatment options, comprehensive treatment plans and an urgent oral cancer referral. We saw evidence in dental care records that the practice was adhering to current National Institute for Health and Care Excellence (NICE) guidelines when deciding how often to recall patients for examination and review.

Health promotion & prevention

The registered manager had an awareness of promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The registered manager told us that smoking cessation leaflets had been ordered to give to patients. Staff told us that patients were given advice appropriate to their individual needs, such as smoking cessation and dietary advice. We did not see evidence that high fluoride toothpaste was prescribed in the dental care records. We brought this to the attention of the registered manager who told us that this would be recorded fully in dental care records along with an explanation.

Staffing

At the last inspection it was found that some of the procedures for orthopaedic surgery were assisted by a dental nurse and it was not clear what the assistance entailed. We could not be assured that appropriate staff were available to assist with these procedures or that other staff were working within their scope of practice.

During this inspection, we asked to see evidence of the staff members that had been assisting during orthopaedic procedures. The provider told us that a nursing agency was now being used to supply a theatre practitioner for every orthopaedic theatre session. We reviewed the CV of one of the agency theatre practitioners that had been booked and saw that they had the relevant knowledge and experience to be able to assist in theatre. We noted that the practice manager and clinic co-ordinator had circulated in theatre for dental cases on occasion. They told us that this involved opening sterile packets and helping to clear up.

Working with other services

During the previous inspection, the practice was unable to provide examples of referrals sent when asked. At this inspection, we saw evidence that an urgent referral had been recorded in one patient's dental care record to a local NHS Trust.

Consent to care and treatment

At the last inspection, we found that the practice was covered by closed circuit television internally and externally. There were no signs to inform patients and visitors they were being filmed. Staff informed us that the CCTV was not operational and it was awaiting repair. During this inspection, we reviewed an engineer's service report which stated that the CCTV had never been operational as the system was faulty. The engineer had supplied a quote for the system to be repaired, but the registered manager had decided not to go ahead with the work. During the inspection, we asked staff to put up a notice to inform patients that the CCTV was not in use.

Are services caring?

Our findings

We did not assess this domain at this inspection

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meetings patients' needs

During the last inspection, it was found that services offered at the practice were misleading. The external window of the building listed treatments such as cosmetic surgery, laser treatments, joint replacements and dental procedures. This was also the case on the practice website and in the practice brochure. The provider told us that they were in the process of re-branding which would include giving patients accurate information regarding the services available.

At this inspection, we saw that the practice the external signage had not changed and it stated that cosmetic surgery and women's health treatments were offered. The website had also not been updated and stated that the clinic offered plastic and vascular surgery, pregnancy ultrasound and gynaecology ultrasound. None of these procedures were currently being offered at the practice. We brought this to the attention of the registered manager who told us that re-branding was due to take place shortly which would include changing the external signage and re-designing the website. Staff told us that if a patient phoned to enquire about a procedure they were not offering, it would be explained to them clearly that the practice dnot provide these.

We noted that a promotional video on the website referred to the Healthcare Commission, rather than the Care Quality Commission. The Healthcare Commission was abolished on 31 March 2009, with its responsibilities subsumed by the Care Quality Commission. Therefore, the provider was providing false information.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Governance arrangements

At the last inspection, we found that the provider did not have effective governance arrangements at the practice. The practice policies were generic with little adaptation to the practice. The practice had not carried out audits in the areas of infection control, the quality of X-rays and sedation. A COSSH risk assessment had not been carried out.

During this inspection, we found that the practice policies had been updated and reviewed by all members of staff. We saw evidence that policies had been discussed during practice meetings. The practice manager had taken the responsibility of ensuring that the policies were updated when necessary. The practice had carried out audits in relation to the quality of X-rays and sedation. However, a COSHH risk assessment had not been carried out and the practice did not have a COSHH file in place to protect staff against ill health and injury caused by exposure to hazardous substances.

The practice had carried out an audit in relation to infection control as required under HTM01-05. However, observations of staff performing decontamination duties incorrectly during the inspection demonstrated that these processes had not been not scrutinised effectively and adjusted where necessary by the registered manager.

The practice had undertaken regular meetings involving all of the staff since the last inspection and records of these meetings were retained. Staff told us that during staff meetings, patient-centred actions were discussed and shared learning regularly took place.

Leadership, openness and transparency

The registered manager was responsible for the day to day running of the practice. Prior to our inspection, we were informed by the GDC that the provider's registration had been suspended. During our inspection, we did not find any evidence that the registered manager had breached the conditions of their suspension.

Management lead through learning and improvement

At the previous inspection it was found that the practice did not have a formalised system of learning and improvement. There was no schedule of audits. Staff had not attended a recent staff meeting and there was no formal mechanism to share learning. During this inspection, we saw evidence to demonstrate that regular staff meetings and shared learning had taken place. Staff meeting minutes showed that a practice meeting had taken place on 4 February 2016. Shared learning meetings had taken place on a regular basis since the last inspection and included discussions regarding child protection, complaints, safe practice, medical emergencies, waste disposal, single use items, sedation, staff training and infection control.

The registered manager had attended various training courses and completed additional continued professional development. This included topics such as standards for the dental team, delivering better oral health, the reflective practitioner and complaints handling.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: The provider was using an unregistered dental laboratory for the commission of crowns, bridges, implants, veneers and dentures, which meant that dental appliances made and used on the premises were not regulated and monitored.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not addressed their responsibility to have effective arrangements to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). There was no COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Observations of staff performing decontamination duties demonstrated that these were performed incorrectly. These processes were not scrutinised effectively and adjusted where necessary.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was nor being met:

This section is primarily information for the provider

Enforcement actions

The provider did not demonstrate an appropriate understanding of their responsibilities in relation to RIDDOR and the reporting, recording and learning from significant events.

Staff could not fully explain what RIDDOR was, their responsibilities in relation to reporting to RIDDOR or the difference between reporting to RIDDOR and the recording of a significant event.

The provider had failed to arrange Hepatitis B vaccinations for two members of staff who circulated in theatre.

The provider did not obtain appropriate Disclosure and Barring certification (DBS) and could not demonstrate that all staff members were safe to work with children and vulnerable adults